

A SUPPLEMENT OF CITY NEWS PUBLISHING COMPANY

Premiere Issue

HEARTBEAT

YOUR GUIDE TO HEALTHY LIVING

Donna Richardson

Building self-image
through fitness

Foods

- Vegetarian power
- Cookin' up the Blues



The wondrous
powers of
Toadskin Spell

Orphans of HIV

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Learn more about hospital services during National Hospitals Week May 8-14

HEALTH CALENDAR

NOW THRU MAY 10

PLAINFIELD—"Weight No More...Loose It and Love It." The Diabetes Center of New Jersey now accepting enrollments. 7-8:30 p.m. every Tuesday. Open to diabetics or those who have a family history of diabetes. For information call 908-666-2575.

EVERY SATURDAY

WEST ORANGE—The Northern NJ Chapter of the National Multiple Sclerosis Society, sponsors a free swim program at Kessler Institute for Rehabilitation. 9:30 - 11:30 a.m. For more information, contact Carol or Laurie at 201-984-6667.

EVERY MONDAY

EDISON—"Chemical Dependency Family Education, is currently being offered from 7 to 8 p.m. Sponsored by the JFK Center for Drug & Alcohol Prevention & Treatment. The CDAPT office at 1152 St. George Ave. For more info. call 908-634-7910.

EVERY TUESDAY

IRVINGTON—Free WIC & Lead Testing, 9:15 a.m.-10:15 a.m. at the Irvington Health Dept. For pregnant and nursing women from birth to 5 yrs. old, lead poisoning and anemic children. Blood Tests are free, walk-ins are welcomed.

EVERY TUESDAY AND THURSDAY

IRVINGTON—Free Baby Clinic; Afternoon's. Held at the Irvington General Hospital for newborns to 5 yrs. old. YOU MUST CALL FOR AN APPOINTMENT. 201-399-6652

MONDAY THRU SATURDAY

NEWARK—Free confidential AIDS counseling and testing, Mon.-Fri. 9-6 p.m. Sat. 9-4 p.m. Newark Community Health Centers, 101 Ludlow St. Call 201-565-0355 for appointment, or Plainfield Health Center at 908-753-6401.

MAY 8-14

NATIONAL HOSPITAL WEEK — Sponsored by the California Association of Hospitals to focus public attention numerous contributions hospitals make to their communities, and provide hospitals with the opportunity to recognize staff and volunteers. For more information, call 916-552-7577.

NATIONAL NURSING HOME WEEK—A community outreach program designed to familiarize the public with long-term care facilities and the services they provide. Activities are conducted locally by individual long-term care facilities. Contact: 202/842-4444.

NATIONAL OSTEOPOROSIS PREVENTION WEEK—An annual event used to kick off year-round osteoporosis awareness and education programs across the country. National organizations, hospitals, businesses and community groups work to publicize the importance of early diagnosis, preventions treatment of osteoporosis. For more information, contact: Audra Singer, National Osteoporosis Foundation 17th Street, N.W., Suite 500, Washington, DC 20036, 202/223-2226.

NATIONAL RUNNING AND FITNESS WEEK—Celebrated each year to promote the importance of exercise. This week also serves as a target date for many to begin their personal exercise program. For more information contact: Lisa Gundling, American Running and Fitness Association 4405 East West Highway, Suite 405, Bethesda 20814, 301/913-9317, Fax: 301/913-9520.

NATIONAL STUTTERING AWARENESS WEEK—To educate the public about stuttering and dispel the many myths and misconceptions surrounding it. For more information call 800-992-9392.

THURSDAY, MAY 12

FLORENCE NIGHTINGALE'S BIRTHDAY—A British nurse whose work significantly contributed to the development of modern professional nursing. (1820-1910).

SATURDAY, MAY 14

NEWARK—Breast Cancer Screenings at the Saint James Hospital, 155 Jefferson Street from

8 a.m. to 1 p.m. Women over 40 years old and who have never had a mammogram before, \$40. \$65 for those women who have. Call 201-465-2675.

ORANGE—Breast Cancer screening at Saint Mary's Hospital from 8 a.m. to noon. 135 South Center St. To register call 201-673-1291.

SUNDAY, MAY 15

ALLUMUCHY—Charity Bike-A-Thon for multiple sclerosis. The one day, 20 mile ride begins and ends in Allumuchy. Also a second 100 or 150 mile tour will begin the same day which lasts two days. To pre-register call 201-984-6667.

TUESDAY, MAY 17

IRVINGTON—Annual Spring Senior Health Fair will be held from 9-12 p.m. at 624 Nye Ave. Community Room. Open to all Senior Citizens of Irvington. Free Oral Cancer screening, podiatry exams, vision tests, & S.M.A.C. blood test. Please call 201-399-6652 for an appointment.

WEDNESDAY, MAY 18

NATIONAL EMPLOYEE HEALTH AND FITNESS DAY—Highlights the importance of a healthy workplace and aims to promote corporate health and fitness programs. For more information, contact: Gary B. Abosch, National Association Governor's Councils on Physical Fitness and Sports, Pan American Plaza, 201 South Capitol Avenue, Suite Indianapolis, IN 46225, 317/237-5635.

MAY 23-27

FREE WOMEN'S HEALTH WEEK—Planned Parenthood Essex County Will Hold A Free Women's Health Week At The Chubb Center, 151 Washington Street, Newark. Services offered include: physical exam, breast exam, sexually transmitted disease screening, Pap seminar, blood pressure exam, blood test (anemia), and urinalysis. For further information and an appointment call 201-622-3900.

MONDAY, MAY 23

PLAINFIELD—Evelyn Kolla, a registered pharmacist, will speak on "Diabetes Drugs in the '90s." She will cover the latest diabetes oral medications, human source insulin's, and other prescription and over the counter medicines at Centennial Hall at Muhlenberg from 7:30-8:30 p.m. Free and open to the public but advanced registration is requested. For information call Lori Sherman-Appel at 908-668-2575.

WEDNESDAY, MAY 25

NATIONAL MISSING CHILDREN'S DAY—Initiated by Child Find in 1982 and proclaimed a national observance in 1983 by President Ronald Reagan. For more information, contact: Michael Messner, communications coordinator, Child Find of America, Inc., Box 277, New Paltz, NY 12561, 914/255-1848.

WORLD NO TOBACCO DAY—Originated by the World Health Organization, is intended to discourage tobacco use a encourage governments, communities, groups and individuals to become aware of the dangers of tobacco both for smokers and nonsmokers. The 1994 theme will focus on the media and its efforts against tobacco. For more information contact: World No Tobacco Day, American Association for World Health, 1129 20th Street, N.W., Suite 400 Washington, DC 20036, 202/466-5883.

SATURDAY, JUNE 4

MONTCLAIR—8th Annual Teddy Bear Fair. 10 a.m. to 3 p.m. at Hillside School located at 54 Orange Road in Montclair. Admission is \$5 per family and a portion of the proceeds will go to the Salvation Army's Cornerstone House, and the AIDS Resource Foundation for Children in Newark. For more information call Parent's Place at 201-744-0734.

TUESDAY, JULY 5-AUGUST 25

PLAINFIELD—The City of Plainfield Division of Recreation will be participating in the Summer Food Service Program. Any city organization in providing nutritious lunches and snacks as part of their food service program should call Mr. Penn at 908-753-3096 or 753-3097. A mandatory orientation planning meeting is scheduled for Friday, July 1, 1994 at 9:30 a.m. at the City Hall Library at the City Hall Building, 515 Watchung Ave.

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FAX (908) 753-1036

HEALTH BRIEFS

New drug helps HIV-infected children: In a preliminary study, the drug d4T has boosted the body's immune-system T-cells by as much as 50 percent in some HIV-infected children.

Also called stavudine, d4T was tested at various doses in 22 children aged 7 months to 12 years at Baylor College of Medicine and Texas Children's Hospital in Houston. The study was the first time HIV-infected children had been given d4T. T-cells are one component of the body's immune system. With HIV infection and AIDS, the number of T-cells is reduced, leaving the body susceptible to opportunistic infections.

Obesity and diabetes high among Hispanics: A \$3 million project is studying whether lifestyle changes can reduce obesity and diabetes among Hispanics. The investigators will determine if intervention can change the lifestyle choices that affect Hispanic women's weight and, subsequently, the incidence of diabetes.

Exercise can be addictive: For some people, exercise can become as big an addiction as alcohol or other drugs. According to Dr. Jorge de la Torre, a psychiatrist at Baylor College of Medicine, "exercise becomes a fix, just like a drug. Although addicts get some relief from exercise, it does not last, and they need to do it over and over again."

Characteristics of exercise addiction include: Selection of self-sufficient exercises such as biking, swimming or weight lifting. Lack of flexibility with exercise schedule. Belief that exercise is mandatory and that missing it is unbearable. Deterioration of other aspects of personal life. Association with people with similar characteristics.

Heart-disease risk reduced for menopausal women: Menopausal women who take two kinds of hormones reduce their risk for heart disease in an unexpected way. Researchers have discovered that taking estrogen, plus progestin reduces by half the level of a form of "bad" cholesterol called Lp(a) that increases risk for blocked arteries.

The findings answer a significant question for physicians who prescribe hormones for menopausal patients. While the cardiovascular benefits of estrogen therapy are known, scientists were not sure if adding progestin canceled the positive effects of estrogen on blood-fat levels.

Lupus treatment often delayed: Many women with lupus get medical attention too late, by the time they consult a physician, serious problems may already be present. Lupus, an immune-system disorder confined almost entirely to women aged 20-40, causes inflammation of joints, muscles and other body parts such as skin, kidneys, lungs and heart. The effects are often worse in African-Americans, Hispanics and some groups of Asians and Native Americans. If diagnosed early and effective treatment is administered, the disease can be managed.

Weight-control study for black women: One of the first major attempts to work with African-Americans on long-term weight control is under way at Baylor College of Medicine in Houston. Funded by the National Institutes of Health, the two-year Black American Lifestyle Intervention study is specifically designed for black women. Even though 44 percent of these women are clinically obese, no weight-control program currently available has been tested for effectiveness in minority populations.

One group of the women will follow a diet that includes twice-daily liquid meal replacements. They will also receive diet and behavior-modification counseling specific to their ethnic needs as well as group-support meetings. The other group will receive written materials on healthy eating and will not receive counseling or group support.

Blacks at risk For Kidney Damage:

Diabetes and hypertension are the leading causes of kidney failure, particularly in black people. Individuals at risk for these diseases should: Cut back on salt, limit alcohol consumption, eliminate tobacco use, control weight, eat more potassium-rich foods such as fresh fruits and vegetables and avoid canned foods and exercise. Recent studies suggest that diabetic and hypertensive black people are four to five times more susceptible to developing kidney disease than are whites with the disorders.

Dark-skinned people can get sunburned, too: It is a common misconception that dark-skinned people do not get sunburned. But the sun's rays can be especially harmful to dark skin because its damaging effects are hard to detect.

Dark skin has more melanin, the pigment that gives color to skin and protects it from burning, than does light skin. But melanin does not completely protect dark skin from the ravages of sun overexposure.

Breast cancer death rate climbs among African-American women: The Centers For Disease Control (CDC), in Atlanta, GA reports that breast cancer is killing an increasing number of African-American women each year. From 1980 to 1991, the death rates among African-American women jumped 21 percent from approximately 26 per 100,000 women, to nearly 32 per 100,000 women. During the same time period, the rate for white women rose less than 1 percent. Yet, according to the CDC, African-American women are less likely than white women to develop breast cancer. African-American women are diagnosed with the disease at a rate 96 cases per 100,000 women, while white women have a rate of 113 cases per 100,000 women.

Study finds possible answer to high African American lung cancer rate: The American Health Foundation has recently completed a study showing that African Americans have an inability to metabolize and eliminate a specific chemical from their bodies that is found in cigarette smoke and known to be an extremely potent carcinogen. The chemical, NNK, is only found in nicotine. The study analyzed urine samples from 31 African-American smokers and 25 white smokers and discovered that the African Americans had 30-to-35 percent more of the NNK in their urine than whites. Study participants were matched for age, sex, number of cigarettes smoked and income level. African Americans have a 50 percent higher rate of lung cancer than whites.

Study documents a lack of HIV services for gay men of color: A 1994 AIDS needs assessment conducted by the U. S. Conference of Mayors and the National Task Force on AIDS Prevention, looking at five cities, shows that gay men of color are not receiving the prevention and treatment services needed. While programs were found to be lacking for all groups, culturally sensitive and accessible services for gay Native American men were found to be almost nonexistent. In several of the cities studied, gay Native American men comprised anywhere from 75 to 91 percent of the HIV positive Native American population. Few cities surveyed, had prevention services designed to meet their needs.

National survey finds Americans over 40 think fitness is harder than it has to be

A new survey probing the fitness psyche of Americans over 40 finds that half still think it's necessary to work out a minimum of 30 minutes at a time to get the full health benefits of exercise. In contrast, the most recent health recommendation by leading national groups advises that even moderate activity in spurts can increase longevity and improve health.

This contrast between Americans' perception of fitness and the reality may explain why so many people still haven't developed the exercise habit, a fact confirmed in the Advil Fitness Over 40 Survey, which polled 500 Americans ages 40 and up. "Part of the reason that Americans are not more active is because we've turned exercise into a chore, rather than something that is pleasurable and convenient," says Dr. James Rippe, cardiologist and director of the Center for Clinical and Lifestyle Research, affiliated with Tufts University School of Medicine. He served as a consultant for the Advil Fitness Over 40 Survey.

"Our concepts of fitness have changed over the past decade. We now understand that even moderate-intensity physical activity can impart many of the long-term health benefits associated with more intense work-outs," he explains, echoing the joint recommendation made last year by the Centers for Disease Control and Prevention, the American College of Sports Medicine, and the President's Council on Physical Fitness and Sports.

Despite this good news for fitness holdouts, 37 percent of people over 40 say they never exercise, and 46 percent report they had not exercised at all in the previous week. Lack of motivation is one of the biggest barriers to fitness. Half of the respondents (51 percent) say they can't motivate themselves to start exercising or aren't disciplined enough to stick with it; one-fourth (25 percent) say they fear they won't be able to keep up with a fitness program, and one-fifth (19 percent) say they just don't know how to get started.

The survey, which was fielded in March and April by Yankelovich Partners, also reveals that most 40-plus Americans recognize that all ages can benefit from exercise, but say the older you are, the harder it is to start. The Advil survey is the first to investigate the psychology of inactivity among the

fastest-growing segment of America's population, to better understand how they can be helped onto the fitness bandwagon.

Almost two-thirds of those over 40 (61 percent) say they're satisfied with their fitness habits. Yet, more than half (54 percent) exercise less than the generally recommended three times a week. The classic excuse for not working out—not having the time—is cited by just under half (47 percent). Time constraints are more of a problem among the baby boomers, with 59 percent of 40-somethings citing it, as opposed to 34 percent of those 65 and up. While most people over 40 do recognize the health benefits of being active, nearly one-fifth (19 percent) report that they don't think physical exercise provides that many benefits. Among those that do, the benefits traditionally associated with being fit—looking better and losing weight—are not very important to the 40-plus crowd.

Improved health is cited as the most or second-most important reason for exercising by 59 percent of respondents, followed by the desires to feel better and live longer (40 percent each). Only one-fifth (21 percent) feel losing weight is important, and only 10 percent report improved appearance as a top reason for exercising.

Most people over 40 (78 percent) agree that launching an exercise regimen becomes more and more difficult with advancing age. Twelve percent believe someone of "their age" should avoid exercise, and the number increases to 23 percent among the 65-and-older segment. Of all respondents, 15 percent feel there is less need for people to exercise as they grow older.

"The fact that almost a fifth of Americans over 40 think they are too old to engage in more exercise is startling," says Dr. Rippe. "We can do better. We need to make every last person over the age of 40 understand that reasonable levels of daily activity are an absolutely vital part of growing older. And we need to show them how easy activity can be."

To help Americans become more active so they can realize the health benefits of being fit, Dr. Rippe has joined forces with 47-year-old baseball legend Nolan Ryan in a nationwide effort called Activity Made Easy...For 40+ Fitness. The pair will travel around the country conducting motivational workshops for people 40 and over, offering the blueprint for action that many say they need to lead them down the road to better health and longevity.

City News Heartbeat your guide to healthy living

HB KIDS

Be Wise: Immunize

by Donna E. Shalala

In the 1940s and 1950s, when children developed a fever, it was often due to polio, measles, or other infectious diseases. Parents were helpless as their children's bodies weakened. Many children died, and many more were disabled. But since that time, we've made progress.

Because of the development of lifesaving vaccines, parents breathe easier. So much easier, in fact, that millions of parents take their children's health for granted. We no longer hear about a 5-year-old girl confined to an iron lung in the hospital. We no longer see large numbers of children arriving at school on crutches, or in wheelchairs, after being permanently disabled by an infectious disease.

But because we no longer see the pain and scars of these terrible diseases, we don't always remember to protect our children. Just in the last few years, we have witnessed large outbreaks. During 1989-1991, more than 55,000 people contracted measles, and at least 132 people died—many of them children who had not been fully vaccinated against the disease.

In 1994, despite previous nationwide alerts and action to stop the resurgence of this disease, 58 cases of measles had been reported to the CDC by March 20.

It's a national tragedy that a one-year-old child in the United States is less likely to be protected against polio than a child from most countries in the developing world. More than one-third of America's preschoolers are not adequately immunized against most preventable diseases.

In the African-American population, only 55 to 78 percent of two-year-olds are protected against many infectious diseases. Nationwide, millions of babies have not been properly immunized. And as a result, we've witnessed an alarming increase in infectious, potentially crippling diseases among America's youngest children.

Many parents don't know the facts: It's not good enough to wait to get the child's shots until just before entering kindergarten. To fully immunize a child, you have to take the baby back to a health professional for a series of four to five visits before her or his second birthday.

It's also critical that doctors and other health professionals use every opportunity to vaccinate the infants in their practice. Health care workers must check a baby's immunization status each time he or she visits the office or clinic, and vaccinate the child if needed.

The Clinton Administration has taken strong action to protect our nation's children. President Clinton greatly increased funds for state and local governments to

enhance their vaccination programs.

The President also fought for and won passage of a vital program that beginning October 1, 1994, will enable eligible children to get free vaccinations through private and public providers.

We're making a difference. To ensure full and proper immunization in 1994, the Clinton Administration's Childhood Immunization Initiative will also:

- Increase funds to the states to open clinics at more convenient times, and in more underserved areas. In the 1980s, the public health infrastructure eroded. We're rebuilding and strengthening it.
- Help states develop an automated, integrated record keeping system to offer

health professionals a system for parental reminders.

- Strengthen and expand the network of civic and community groups, business organizations, schools, local health officials, and the media, to ensure nationwide participation in this effort to protect our youngest children.

Through this initiative, our nation will develop a sustainable immunization system so in the future, we will consistently reach our goal of immunizing our nation's children. It's critical that doctors, clinics, drug and vaccine companies, insurers, local governments and—above all parents—join forces to protect our children. The time to do this is now.



Secretary of Health, Donna E. Shalala and a few precious little people urge parents Across America to immunize their children.

AIDS is # 1 killer of Hispanic children ages 1-4

As parents we try to protect our children from harm so they may grow safely into adults who will one day know the joy of having children of their own. Yet, many parents do not realize this dream for their children. Since 1988, the #1 cause of death for Hispanic children ages 1-4 is AIDS.

In rapidly increasing numbers men and women are becoming infected with the HIV virus, the virus that causes AIDS, through heterosexual contact. People who have the virus may look and feel healthy yet they are still infected and can infect others. Since many people do not know they are infected, they may accidentally infect their sexual partners through sex. This occurs so frequently that although black and Hispanic women are only 21 percent of all US women, they constitute 74 percent of US women diagnosed with AIDS since 1981.

Infected pregnant women are passing the HIV virus to their unborn children during pregnancy and birth. Since many women with AIDS are black or Hispanic, 84 percent of children born with AIDS are also black or Hispanic. Therefore AIDS has be-

come the #1 cause of death for Hispanic children ages 1-4. However, research has shown that if pregnant women are diagnosed with the HIV infection early and receive prompt medical treatment, then they are less likely to pass the HIV virus to their unborn children.

Although currently AIDS has no cure, it is preventable. The American Red Cross offers a Latino HIV/AIDS Instructor Training aimed at preventing AIDS through education. This course covers the transmission, prevention, and social impact of HIV/AIDS.

Many of the Latino Instructor Trainings are taught in Spanish and all the course materials are written in Spanish. Even if you know little about HIV/AIDS, through this course you can learn about the disease and prepare yourself to be an instructor. The Red Cross desperately needs Latino HIV/AIDS Instructors who will help save lives.

For more information on HIV/AIDS education or to register for a Latino Instructor Training call Lori Gelchion at 201-377-0455 or contact your local American Red Cross. The number is in the phone book.

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U.S. Department of Health and Human Services

Leave the coaching to the coaches

Youth sports take commitment from both child and parent, but knowing when to sit back and cheer may be a parent's hardest job.

"Sports teach us how to be successful in life," said Dr. Fran Pirozzolo, a neuropsychologist at Baylor College. "You learn to do your best, to play within the rules, to make commitments and be prepared."

The more emphasis that is placed on fair play, having fun and challenging oneself, the better the outcome for the child. Children often learn these values by seeing

how their parents react at work and play.

If possible, parents should reinforce the commitment to sports by tailoring their schedules to meet their child's practice and game requirements.

But parental involvement should not cross into the realm of coaching. Pirozzolo cautions parents to work only on the fundamentals of a sport with their child. Once a child joins a team, the instruction should be turned over to the coaches.

"At practice and games, your role is to cheerlead, differing sets of instructions from parents and coaches can really put a child in

conflict."

He encourages parents to ask their child how they should behave at the game. "Children often get embarrassed when their parents yell instructions every time they step up to the plate. A simple, 'you can do it!' works best."

By supporting their child at the games, parents also get a chance to see what values the coach is teaching.

Parents should watch out for coaches who promote rule breaking and winning at all costs. If parents observe what they feel are inappropriate behaviors for a coach, they

should ask the coach about what they observed.

If the behavior was out of line, the next step is to report the coach to the authorities and remove your child from the team.

Children are the sum of all their experiences, and the concepts learned through youth sports will last a lifetime.

"Never underestimate the impact sports and your support can have on a child. And don't pass up the opportunity to praise your child for doing his or her best, especially on the bad days."

Survey reveals parent's reactions to stuttering children

For the child with a stuttering problem, a parent's most common advice could do more harm than good, according to the results of a nationwide survey released recently by the non profit Stuttering Foundation of America.

Nearly one in four children will go through at least a phase of stuttering. And, as natural as it may seem to tell a child to "slow down and relax" when he stumbles over words, such simplistic advice won't curb stuttering—and might even aggravate the problem by making a child more self-conscious about his speech.

Still, almost 90 percent of the survey respondents recently surveyed said "slow down and relax" is exactly what they would tell a child who begins to stutter.

"It's difficult to tell a parent that what seems like good advice is actually bad," said Jane Fraser, president of the Stuttering Foundation of America, a 47-year-old non profit organization dedicated to the prevention and treatment of stuttering in children and adults. "What seems like good advice might be useless. For instance, telling a child to repeat a word might make him say it fluently once—but it doesn't help the basic problem."

The results come from a national survey sponsored by the Stuttering Foundation of America in conjunction with Wirthlin Group of McLean, Va. The survey queried more than 1,000 adults about how they would react when a child begins to stutter. The poll has a margin of error of plus or minus 3 percent.

Other findings from the survey include: Thirty-five percent of those surveyed said they would correct a child who is stuttering or that they would finish the child's sentences.

Correcting the child, ordering him to stop stuttering or combining a reprimand with punishment are considered harmful methods of dealing with the problem. These methods are based on false assumptions about stuttering; that the problem is nothing more than a bad habit or that it's something a child does deliberately.

"It's always wise for parents to keep in

mind that the way they react to stuttering is as important as how they react," Fraser said. "If a child senses anger and frustration from parents when he speaks, his anxiety level—and therefore his stuttering problem—will increase."

So what are parents to do?

"There are some very subtle things a parent can do that can positively impact a child's stuttering problem, and it's crucial that parents recognize this important role they play in their child's speech development," Fraser said.

For instance, a parent can lessen a child's anxiety simply by speaking more slowly to the child.

Fully 72 percent of those surveyed said they would react to a stuttering child by pausing between sentences.

"This is an excellent tactic," said Dr. Edward Conture of Syracuse University, an eminent speech-language pathologist and an expert in stuttering. "Pausing between sentences automatically slows the pace of the conversation, thus giving children time to collect their thoughts and to speak fluently."

Only 22 percent of those surveyed said they would combat stuttering by making changes in the child's environment.

"Just as slowing the pace of conversation can help, so can slowing things down at home. Creating a relaxed, unhurried lifestyle at home can do wonders for a child who has developed a stuttering problem," said Dr. Conture.

"Parents should identify the times and locations when stuttering is most evident, then seek environmental changes that will reduce stress," he said. "For instance, if your child most often stutters during meal-times when all family members are competing for your attention, try to make meal-times a calmer affair. Turn off the radio and the television and linger at the table, making sure each child knows he or she has ample time to speak and to be heard."

More than 80 percent of those surveyed said they would seek professional help if their child developed a stuttering problem.

There are no rigid rules as to how long

stuttering should be ignored before professional help is sought. "After all, the interaction between each parent and child is unique. What works in some families will do little in others. Parents should pay close attention to any affects their actions may have on a child's stuttering and should make adjustments to their actions and their expectations when appropriate."

If stuttering worsens or persists, professional speech therapy is recommended. The success rate is high when children begin therapy between the ages of 2- 1/2 to 5 years of age.

In spite of decades of research, there still is no definitive cause or cure for stuttering. Still, a parent's best opportunity to help

children is by learning more about stuttering. As part of National Stuttering Awareness Week, slated for May 9-15, the non profit Stuttering Foundation of America seeks to alert parents to the warning signs of a developing stuttering problem and to guide them towards appropriate actions.

"To my knowledge, this recent survey about parents' reactions to stuttering is the first of its kind. It has shed light on problem areas and tells us where we need to focus our efforts," Fraser said. "As part of the Foundation's 47-year mission, we continue to provide parents and others with the most up-to-date information available about stuttering."

To Someone Who Stutters, It's Easier Done Than Said.

The fear of speaking keeps many people from being heard. If you stutter or know someone who does, write or call for our free informative brochures on prevention and treatment of stuttering.



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Choosing a pediatrician for your child

by Richard H. Rapkin, M.D.



A pediatrician is a doctor, who, after medical school, has had several years (no less than three) of training in the specialty of infant, child and adolescent care. Pediatricians are the ideal physicians for providing care to infants, children and adolescents because they are the best trained to do it.

One of the most important decisions that an individual makes is the choice of a pediatrician. We often delay that decision until there is a crisis, leaving little time for deliberation.

In the case of a child, there is great need for education, supervision and preventive care. Your pediatrician plays an important role in each of these tasks. We seek education: How do we bring up the child; when and how should they be toilet trained?—for example.

We turn to an expert to tell us when the child's vision and hearing should be tested—an example of health supervision. When and what kind of immunizations should a child receive?—an example of primary/preventive care.

And, of course, when a child has their first fever, we need to know what to do and when and how to do it. Usually we do have the time to make a careful decision for pediatric care. Expectant parents can choose a physician for their child during the time of pregnancy. This is the ideal time to choose.

How should expectant parents find the pediatrician who is right for them? There are three parts to my suggested approach.

1. Who are the pediatricians in your geographic area? The answer to this question can be readily found by looking in the yellow pages of your local phone directory, under pediatricians. Make a short list of those whose offices can be conveniently accessed.

2. Does the "conveniently located" pediatrician have full credentials—has she/he been fully trained in pediatrics and has she/he been accredited?

Training and accreditation are usually necessary for a pediatrician to have staff privileges at the local or regional hospital. The answer to this question can be found by calling the hospital (ask for the Medical Staff Office). Tell the person that answers that you are seeking a pediatrician and that you have a list of pediatricians whose offices are convenient to you, and that you want to know if they are Board Certified and have full staff privileges in pediatrics at the hospital.

You should then call each pediatrician's office directly to verify the information. Ask the receptionist the same questions. ("Board certification") means that the pediatrician has passed rigorous examination given by the American Board of Pediatrics, verifying competence in pediatrics. "Full staff privileges" at the hospital, means that the pediatrician will be able to care for all of your child's illnesses and injury needs, should your child need hospitalization. Staff privileges also indicate that a hospital recognizes the competence of the pediatrician.

Lastly, you need to assess whether the pediatrician will suit you personally.

Some considerations in answering this question may include:

- Was the phone answered competently and courteously when you called the office? Was the receptionist helpful; efficient?
- Does the pediatrician's practice fit your own ideals? Is he practicing solo (i.e. what will happen when he/she is not available) or in a group (you'll always be referred to another member of the group, but perhaps not your own favorite). Is the pediatrician male or female (if that is a

consideration for you)?

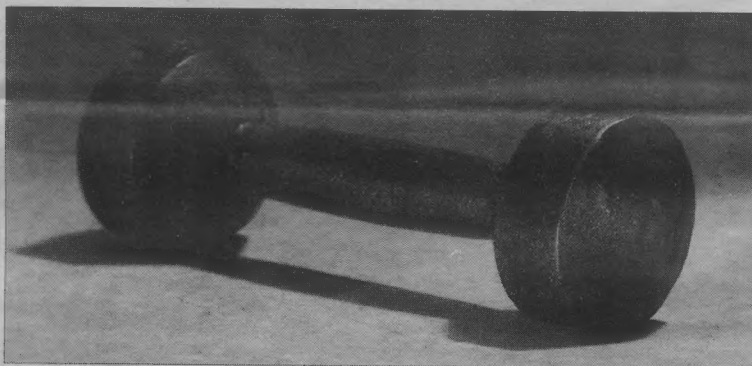
- Thirdly, talk to your obstetrician or internist, neighbors and friends for their recommendations and experiences. I suggest that you do this after you've done your own homework, to assure quality. Don't use second hand information to assure competence rather to confirm your opinions on efficiency, personality, etc.

Finally you will have to assess the pediatrician yourself, directly. During your pregnancy, you should schedule an office visit with your first choice pediatrician to discuss the initial care of your newborn—Should you breast or

bottle feed? What kind of food should you buy, etc.? This visit should help confirm your choice. If it doesn't, it is best to set up a visit with another physician.

Wouldn't it be simpler to just ask your obstetrician or neighbor in the first place? It would certainly save time, and might work out in the long run. Choosing a pediatrician is one of the most important decisions on makes on their child's behalf. It may—in fact—be a life and death decision—and should be approached with caution and careful deliberation. For more information on choosing a pediatrician, please call: 201-268-8760.

TREATMENT AT THE MEDICAL CENTER'S NEW CARDIAC REHABILITATION PROGRAM INVOLVES SOME RATHER EXTRAORDINARY LOOKING MEDICAL EQUIPMENT.



JERSEY CITY MEDICAL CENTER has opened a new Cardiac Rehabilitation Program, where

people who have had heart attacks, bypass surgery and angina can get a healthy start on

the road to recovery in a supportive environment staffed by highly skilled Cardiac

Rehabilitation professionals. Through professionally supervised programs of exercise therapy,

nutritional counseling and education about coronary heart disease, participants learn to make necessary

changes in their diets, smoking habits, and overcoming the effects of stress. The Department is located

on the 10th Floor of the Medical Center's Outpatient Building and is open Mondays, Wednesdays and

Fridays for exercise therapy and on Tuesdays and Thursdays for evaluation.

For information, or to make an appointment, please call 915-2148.

HEALTHCARE LEADERSHIP FOR THE NEXT CENTURY

Jersey City Medical Center 50 Baldwin Avenue Jersey City, NJ 07304 201 915 2148



National Hospital Week May 8-14

"Building a Better Tomorrow Today," the 1994 National Hospital Week theme, captures the idea that planning for the future requires effort now.

If the world is changing, hospitals must not just react, but should and will move to the fore front of building better systems. Continuing a history of excellence, compassion, and cooperation, America's hospitals will work with their government and their constituencies to forge tomorrow's realities.

As hospitals and health systems "downsize" acute healthcare services, they fill other needs by community

outreach, wellness programs, health education classes, and many other special programs.

The following list shows how extensively the industry has responded to community health needs. These are some facilities and services offered by hospitals and health systems: adult day care program, AIDS units, alcoholism and drug abuse services, Alzheimer's diagnostic/assessment services, angioplasty, arthritis treatment centers, birthing rooms, bloodbanks, cardiac rehabilitation programs, pastoral and counseling services, chronic obstructive pulmonary disease services and information, commu-

nity health promotion, comprehensive geriatric services, CT scanner testing, diagnostic radioisotope facilities, fitness services, hospice services, mammography services, occupational health services, social work, patient representation and advocacy, physical and recreational therapy, reproductive health, respite care, speech therapy, and sports medicine.

These are all, of course, in addition to the many acute care services NJ's 127 hospitals perform routinely and the specialty services, such as burn units, open-heart surgery, and trauma care many hospitals offer.

UMDNJ-University Hospital: health care in your neighborhood

When a woman from South Jersey faced certain death without a liver transplant, she came to UMDNJ-University Hospital in Newark. When the father of three was critically injured in the northwestern part of the state, he was flown by helicopter to UMDNJ-University Hospital in Newark. And when a teenager suffered a spinal cord injury in central New Jersey, he was transferred from his local hospital to UMDNJ University Hospital in Newark. These are just three examples of how people throughout New Jersey have used the services of UMDNJ-University Hospital.

Each year, some 17,500 men, women and children are admitted to the 518-bed hospital, while over 240,000 emergency room and outpatient visits are accommodated. Close to 3,000 babies begin their lives at University Hospital, including some weighing as little as one pound. The vast majority of the hospital's patients come from local communities where the shortage of private physicians is greatest. University Hospital has taken on the role of "family physician" for those areas, offering primary care services

designed to treat illnesses at the earliest possible stage and preserve wellness.

Included in those services is a program developed specifically for pregnant teenagers and their children. Complementing that effort is a young father's program that helps young men develop parenting skills as well as offering guidance in other life skills, such as employment counseling. A comprehensive pediatric program offers children the health care services they'll need to become healthy adolescents and adults. That service is also brought directly to housing projects, homeless shelters, and other sites around Newark through the hospital's mobile pediatric program, the Newark Children's Health Project.

Preventive care and screening programs, such as mammography, diabetes and high blood pressure educational services are utilized to help patients maintain control of their health status. Active participation is encouraged in healthful behaviors, such as good nutrition, exercise, and the proper use of medication.

Local residents have the benefit of specialized care, including the high level services in neurosurgery, orthopedics, ophthalmology, liver disease, high-risk pregnancies, limb re-attachment, spi-

nal cord injuries, and many others. The New Jersey Trauma Center at University Hospital is the busiest of the three level I centers in the state, serving some 2,000 critically injured patients each year.



Doctors at UMDNJ assist a patient in giving birth

A new alternative to back surgery

The Hospital Center at Orange (HCO) announced a new same-day surgical procedure, known as Minimally Invasive Spinal Surgery (MISS), that revolutionizes the standard treatment available for herniated discs,

the most common cause of pain for millions of Americans, according to Robert J. Weierman, MD, chief of spinal service at HCO.

The new procedure offers an alternative to painful and expensive open back surgery. The Hospital's New Jersey Orthopaedic Hospital Unit, the only licensed orthopaedic hospital in New Jersey, is one of only five hospitals in the U.S. that is currently participating in clinical evaluations for the new procedure, and is the first hospital in the New York/New Jersey metropolitan area with this capability.

According to Dr. Weierman, M.D. who was one of the staff orthopaedic surgeons who introduced the MISS procedure to the Hospital, "Patients can go to work in the morning, enter the hospital as an outpatient that afternoon and have the procedure done, and then walk out of the hospital and return home later that same evening, with the entire procedure taking only 90 minutes or less."

The same day surgery basis offers great convenience and significant cost savings

over previously available forms of treatment for herniated discs, said Dr. Weierman. Open back surgery, which had been the customary form of treatment, generally requires several weeks of recuperation with prolonged pain, time lost from work and increased hospitalization and rehabilitative expenses, he said.

MISS, which utilizes newly developed endoscopic equipment manufactured by Danek Medical, Inc., of Memphis, is performed with the patient receiving a local anesthesia, thus eliminating the usual risks and discomfort of recovery that is associated with general anesthesia.

"In fact, it is essential for the patient to remain fully conscious and alert during a MISS procedure in order to communicate sensations and the instantaneous relief of pain when the affected disc is treated," Dr. Weierman said.

As only minimally invasive, MISS offers a key advantage to patients in that it requires only a small puncture in the skin, rather than a large cut, in which to insert the instrument and remove the extruding portion of the disc, thus avoiding the lengthy

recovery period associated with open back surgery.

With the patient lying on his or her side and held immobile by a specially-designed positioner, a special needle is inserted into the disc through the skin of the back. Dye is injected into the disc to determine if the disc is abnormal or herniated, and to identify the disc that is causing the patient's pain. If the test is positive, a series of instruments are placed over the needle, which acts as a guide. A metal tube is left in place, to create access to the disc for treatment.

Fiber optic scopes are inserted into the metal tube to evaluate the disc and nerve roots, continuously providing direct vision on a video monitor. Additional instruments are inserted to remove extruding disc material, which is causing the patient's pain.

"It's remarkable," said Dr. Weierman. "When the affected disc is treated and the pressure from the herniated material relieved, patients immediately report that their pain has been relieved. Internally, there is extremely little bleeding and the disc heals itself. Externally,

(Continued on page 16)



Orthopaedic surgeon Robert J. Weierman, M.D. (right) explains Minimally Invasive Spinal Surgery procedure to patients Gina Jasper and George Thomas

Columbus Hospital offers transportation service for patients

Columbus Hospital is offering complimentary transportation to patients who have difficulty getting to and from the hospital, for non-emergency services as pre-admission testing, same day surgery, and a wide array of diagnostic testing.

The service, part of the newly formed Columbus Hospital Transportation System, is focused on making the Hospital's health care services more accessible to the community at large.

At present, the transportation system

will service North Newark, Bloomfield, Belleville, Nutley, East Orange, and Montclair. However, until the service is expanded, patients living in other areas will be considered for pick-up, under special arrangements. Arrangements have also been made for patients who require wheelchair access.

The transportation system's hours of operation are 6:30 a.m. to 3 p.m., Monday through Friday, by appointment, with a 24 hour notice.

According to Michelle Stefanelli, MSW director of the hospital's Social Service Department, "health care services are a necessity, not a luxury. For a variety of reasons, including federal cutbacks, we found that many of our patients were having a hard time getting to and from the Hospital, and we're

looking for ways to make our health care services accessible to all the members of the community we serve."

For additional information regarding the transportation system, contact the Social Service Department at 201-268-1404.

Low cost mammograms available to women

For Newark area women who have been putting off getting a mammogram, the time is now. From May 14-31, women, 40 and older, who have not had a mammogram in the last two years can get the breast cancer screening test and a physician's exam for the reduced fee of \$40 at UMDNJ-University Hospital's Center for Breast Imaging.

Breast cancer is one of the leading causes of cancer death in women, but it is also one of the most curable forms of cancer. If found and treated early, 90 percent of breast cancer can be cured.

In cooperation with the American Society, the Center for Breast Imaging is offering a three-part program focusing on early detection and treatment of breast cancer. Qualifying women who make appointments will receive instruction in monthly breast self-examination, a physical breast exami-

nation by a physician and a screening mammogram.

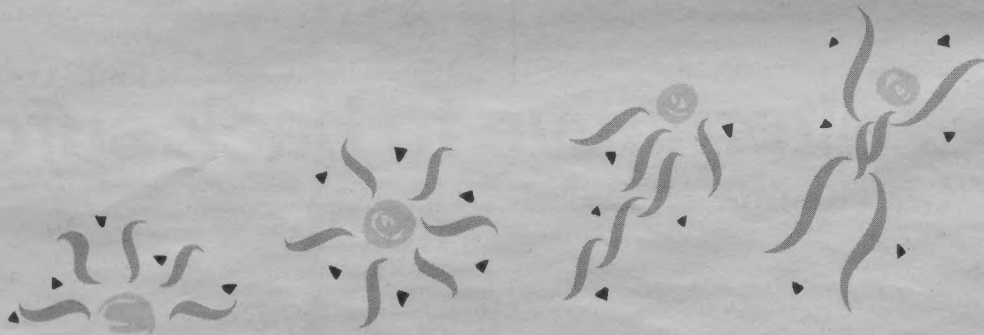
A mammogram is a low-dose x-ray of the breast. Mammograms can detect a breast abnormality or lump the size of a pinhead and can detect such a lump more than two years before it can be felt.

To qualify for the \$40 mammogram appointment, women must be 40 or older never had a mammogram or not had a mammogram in the past two years.

Women receiving any form of public assistance including: Aid to Families with Dependent Children (AFDC), Lifeline, Welfare, Pharmaceutical Assistance to the Aged and Disabled or Medicaid are eligible for the program free of charge. Appointments for this program are necessary and may be made by calling 201-982-2878.



Construction Laborers Local 472, Columbus Hospital and the Columbus Health Organization (a group of primary and specialty care physicians also known as CHO), have entered into a preferred provider relationship that will provide the Union and its members with high quality health care at a lower cost. The plan was formulated through the joint efforts of the three parties, removing the need for a thirdparty administrator or "broker." This unique structure eliminates added bureaucracy, resulting in cost savings which can be passed on to the health care consumers or union members. Pictured (L-R) Dr. Adel Sorial, president of CHO, Mr. Walter Ricciardi, president, Columbus Hospital Board of Trustees, and Mr. Richard Tissiere, president, Local 472 attend a reception launching their new preferred provider relationships.



As your community hospital – with three convenient satellite clinics, a full range of services, and a new Ambulatory Care Center planned for East Orange – and New Jersey's children's hospital, we're proud to be starting our second century of helping make this community a healthier one.

**UNITED HOSPITALS
MEDICAL CENTER**

CHILDREN'S HOSPITAL OF NEW JERSEY

Pulling together, pulling ahead.

For more information, call 201-268-8022.

Jersey City Medical Center begins Cardiac rehabilitation program

Jersey City Medical Center has opened a new Cardiac Rehabilitation Department to treat patients who have had heart attacks, bypass surgery and angina, with professionally supervised exercise therapy, nutritional counseling and education.

The newly decorated unit provides locker room and shower facilities. Patients may also obtain educational materials, such as brochures, on areas which include healthy eating, blood pressure control and angina management.

In addition to these services, the department is planning to offer patients the services of a Registered Dietitian who will provide individualized nutritional counseling.

Patients will receive comprehensive services which begin with on-site registration, financial and insurance counseling if necessary, and also include patient transport and reduced parking rates.

According to Dr. Archana Patel, Co-Director at Jersey City Medical Center, "You cannot control your gender, age, or a pre-existing disease in your family, but you can control your weight, eating habits, smoking and exercise routine. You can't expect change to happen overnight. Start working on one healthy habit at a time and soon you will be on your way to a healthier lifestyle."

Heart disease is cumulative, the more risk factors you have, the greater your risk for developing heart disease. The following questions represent personal risk factors for heart disease. The more checks you have made on the quiz, the greater you are at risk for developing heart disease.

Check any answer that is true:

☐ I am a male

- ☐ I am over age 50
- ☐ I have an existing heart condition
- ☐ I have a family history of heart disease
- ☐ I have a family history of high blood pressure
- ☐ I have high blood pressure
- ☐ I have diabetes
- ☐ I have a family history of diabetes
- ☐ I am more than 10 pounds overweight
- ☐ I have a family history of high cholesterol levels
- ☐ I do not know my cholesterol level
- ☐ I consume more than two alcoholic drinks daily
- ☐ I eat eggs, red meat, fried and/or fatty foods frequently
- ☐ I smoke cigarettes
- ☐ I do not exercise regularly or exercise less than three times weekly
- ☐ I have a very stressful job
- ☐ I rarely have time to relax

Heart patients begin exercise in a closely monitored setting. As they increase their strength, they can gradually lengthen their workout and begin to exercise more independently. Research clearly shows that those who begin a regular exercise program after a heart attack, do better than those who do not.

After discharge from the hospital, heart patients will meet with a multidisciplinary treatment team, consisting of cardiologists, cardiac fellows, nurses and dietitians, to plan long-term care and the return to their regular routines.

The department, which is located on the 10th floor of the Medical Center's Outpatient Building, at 50 Baldwin Avenue, Jersey City, is open on Monday, Wednesday

and Friday from 8 a.m. to 4 p.m. for exercise therapy, and on Tuesday and Thursday for evaluation and stress testing. Appointments may be made by calling 201-915-2148.



Archana Patel, M.D. Medical Director of Jersey City Medical Center's Cardiac Rehabilitation Program (right), and Carol Taglieri, R.N. Program Coordinator (center), discuss the correct technique for a treadmill walking to a patient.

Some "Healthy" News

For Members of
Construction Laborers Local 472...

MEMBERS OF LOCAL 472 AND THEIR FAMILIES NOW HAVE ACCESS TO A WIDE RANGE OF HIGH QUALITY, COST EFFICIENT HEALTH CARE SERVICES THROUGH A SPECIAL AGREEMENT BETWEEN THE LOCAL 472, COLUMBUS HOSPITAL AND THE COLUMBUS HEALTH ORGANIZATION (CHO).

The Columbus Health Organization is comprised of preferred providers — a group of highly-qualified, primary care physicians (GPs) and specialty care physicians — who along with Columbus Hospital, are ready to provide you with the very best in health care.

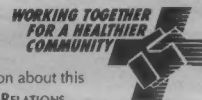
THROUGH THIS AGREEMENT, YOU AND YOUR FAMILY MEMBERS:

- Can use Columbus Hospital's top quality health care services and not have to pay a deductible.
- Will pay no deductible, no co-insurance and have no balance billed to the patient if your doctor is a member of CHO.

That's not all — a multi-lingual staff is on hand to answer any questions you may have. Just call Beverly Ceaser at (201) 589-5050 extension 232 for information about this program — or contact the HOSPITAL'S PUBLIC RELATIONS

DEPARTMENT AT (201) 268-3674 for general information about the Hospital's services. You can also check with your representatives at Local 472 for more information about this preferred provider agreement.

Columbus Hospital is a non-profit community health care center with state-of-the-art facilities for medical, surgical, orthopedic, obstetrical and pediatric patients.



COLUMBUS
Hospital

SERVING THE HEALTH CARE NEEDS OF NORTH ESSEX

495 North 13th Street, Newark/Bloomfield, NJ 07107-1397

Dr. Charles Bowers named head of OB/GYN at Hospital Center



Dr. Charles Bowers M.D.

The Hospital Center at Orange recently announced the appointment of Charles H. Bowers, Jr., M.D., as chairperson of the Department of Obstetrics and Gynecology (Ob/Gyn).

A board certified Ob/Gyn physician, Dr. Bowers returns to HCO's Medical Staff where he had previously served from 1988 to 1989.

He is a former medical director of ambulatory care in obstetrics and gynecology at Mt. Sinai Medical Center and also held this position at the Columbia Presbyterian Medical Center, both in New York.

"Dr. Bowers brings many qualifications to this position as the Hospital's first full-time chairperson of the Ob/Gyn Department," said Michael J. McDonough, HCO's chief operating officer.

Dr. Bowers has taught in the Ob/Gyn Departments at Columbia University School of Medicine and at Mount Sinai School of Medicine at the College of the City of New York. In recognition of his leadership and expertise, Dr. Bowers was twice awarded with teacher of the year honors.

He received the first award in 1985 when he was director of the residency program at Mt. Sinai Medical Center. Most recently, he was named teacher of the year in 1993 by the chief residents at St. Barnabas Medical Center where he is a current member of the medical staff.

Orphans of the HIV/AIDS epidemic

Report calls for national leadership

New statistics for six US cities; recommendations

One of the most far-reaching and least confronted tragic legacies of the HIV/AIDS epidemic is the growing number of youngsters whose parents are dying of the disease. A new 64-page report, entitled "Orphans of the HIV Epidemic: Unmet Needs in Six US Cities," describes the complex needs of these vulnerable children and teenagers, as well as those of their existing families and new guardians.

The report was produced by The Orphan Project, which is a foundation-supported research project administered by the Fund for the City of New York.

Written by Carol Levine, executive director, and Gary Stein, policy director, of The Orphan Project, the report is the first nationwide analysis of the choices, or lack of choices, facing family members and service providers. "Just as the unmet health care needs of people with AIDS highlighted the gaps in our health care system, the unmet needs of children and adolescents orphaned by AIDS point out with stunning clarity the gaps and even irrationalities in our child welfare and family support systems," said Levine.

"Family members and service providers have told us what needs to be fixed. Their stories, described in eight personal and organizational profiles in our report, are compelling evidence that there are some actions that can make a difference. Now we need national leadership, as well as the political will and the resources, to carry out our nation's shared responsibilities to these vulnerable children."

The report describes, for instance, how the death of a parent with AIDS cuts off youngsters and their new guardians from AIDS-related benefits, including rent subsidies and homemaker services at a very vulnerable time in their lives. It relates how a relative who is willing to take on the responsibility for the care of one or more children is penalized financially for becoming a legal guardian. It explores the ways in which the traditional mission of agencies to protect children from abuse and neglect inhibits families from seeking voluntary placement in times of illness for fear that they will lose their children. "Systems that are supposed to help families and children sometimes work against each other and against the best

interests of the child," said Stein.

First-time Statistics for Newark, Miami, San Juan, Los Angeles, Washington, DC

According to Levine, "here in New York the number of children whose parents have already died of AIDS or are living with the disease is already reaching staggering proportions. By the year 2000 in this city alone, 15,000 children aged 0 to 12 and 15,000 teenagers aged 13 to 17 will have lost their mothers to AIDS."

"But this is not just a New York problem, statistics for the other five cities in our study—Newark, NJ; Miami, FL; San Juan, PR; Los Angeles, CA; and Washington, DC—are equally devastating, given the smaller population in these areas. It is especially important to recognize that children in these six cities account for 60 percent of our nationwide estimate of 72,000 to 125,000 orphans by the year 2000. This means that 40 percent are in other cities, small towns, suburban areas, and rural areas, where services may be scarce."

The estimates were developed by David Michaels, Ph.D., an epidemiologist at the City University of New York Medical School. Estimates for the US and for New York City were published in the *Journal of the American Medical Association* (December 23, 1992). This report presents for the first time statistics for five other US cities.

Dr. Michaels emphasized that the estimates are very conservative; they include only children and teens whose mothers have died, not those whose fathers have died (no data are available), and not those in families with a living HIV-infected parent. "The Centers for Disease Control recently reported that heterosexual transmission is increasing at a higher-than-predicted rate in the US

"This means that the number of HIV-infected women continues to grow steadily, leading to a future in which even more children will lose a care giving parent. The

good news that AZT seems to reduce HIV transmission to newborns is unfortunately accompanied by the bad news that infants spared from AIDS will still be orphaned."

The Care and Custody of Orphaned Children

Most orphaned youngsters are not HIV-infected but are at high risk for a range of behavioral and psychological problems. Although they require a broad range of services, including health care, the most urgent needs are for mental health services, including bereavement counseling; transitional services for the reorganized family to help overcome the loss of AIDS-related

benefits following the parent's death; legal services to implement custody plans; housing subsidies; and appropriate evaluations by juvenile justice and school staff to community-based services.

The report profiles four innovative and successful service models which are: The Special Needs Clinic at the Columbia-Presbyterian Medical Center in New York City; the Children's Programs at the St. Francis Center in Washington, DC; the AIDS Resource Foundation for Children in Newark, NJ; and the Department of Pediatrics at the University of Miami School of Medicine. Nevertheless, the needs of the majority of children orphaned by AIDS have not been met either by AIDS-specific services focused on their parents or siblings, or by general child welfare and youth organizations.

"Family members and service providers are struggling to find solutions to very complex and difficult situations concerning children. All too often the existing legal and social service systems are not flexible enough to meet the needs of this new population," said Ms. Levine. In the policy arena, the report urges foster care agencies to develop flexible and supportive programs for voluntary placement of children during periods such as a parent's hospitalization. When the parent regains good health, the children would be returned. Following the parent's death,

This means that the number of HIV-infected women continues to grow steadily, leading to a future in which even more children will lose a caregiving parent

The medium-range estimates of orphans for the six cities are:

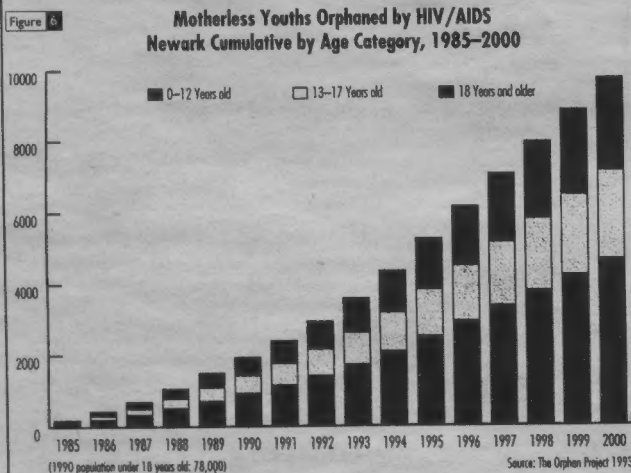


Figure 7

**Motherless Children and Adolescents Orphaned by HIV/AIDS
Cumulative Newark, 1985-2000**

ch epidemic proportions

ship to address the problem

ons for services, policy & Legal changes

the children would continue in foster care, with the ideal outcome being adoption or legal guardianship.

"Because foster care has developed largely as a way to protect children in abusive or neglectful home situations, removal of children from the home is often necessary. Yet, in many families affected by AIDS, the problem is not abuse or neglect. Because many families fear that the agency will keep their children, they are reluctant to seek services in times of illness," said Stein.

"Families need more voluntary programs explicitly committed to flexibility and maintaining the parent in control as long as possible." One model is the Early Permanency Planning Project of the New York City Child Welfare Administration (CWA).

The current crisis has also highlighted a problem in policies that govern placing children with relatives. Although in some cases there is no relative willing or able to take some or all of the children, even when family members are available, the financial burden of assuming care for several children may be too great. The children then become at risk for foster care placement with non-relatives.

Even in states that subsidize some type of kinship foster care (New York, California, and Illinois), the kinship foster parent does not have legal custody of the child and cannot make many important decisions, such as decisions about the child's medical care.

According to Stein, "family members are traditional source of substitute care for orphaned children. Public policies should support viable family arrangements, financially if necessary and certainly with social services and counseling, to ensure stability and continuity of care." To do this, the report recommends the creation of subsidies for low income guardians, which will require new authorizing legislation at federal and state levels.

Furthermore, the report urges states to pass new laws that enable terminally ill parents to appoint standby guardians. Standby guardianships permit parents to have continued custody and control of their children for as long as their health permits and facilitate transition to legal guardianship after they die.

These laws should not, however, jeopardize the guardian's eligibility for foster care subsidies. In New York State, for instance, a legal guardian is not entitled to subsidies.

"In this instance, as in so many others, laws that encourage what is in the child's best interests—a long-term, stable relationship, in which the guardian has legal responsibilities and rights—present financial disincentives for potential guardians who simply cannot afford to assume that responsibility without help," said Stein.

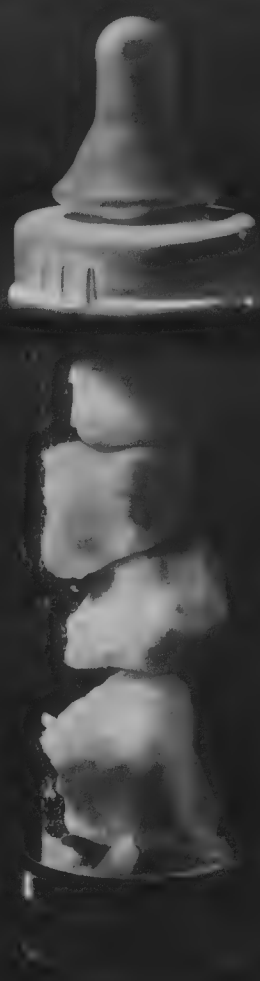
Much of the burden of care falls on grandmothers and aunts. "If we are going to lean on women to take care of children and grandchildren, we have to make it easier for them," said Ruth Bezarez, founder of Mothers of Children with AIDS and the caregiver for her five-year-old granddaughter following her daughter's death from AIDS.

Ms. Bezarez, one of four family members profiled in the report, strongly urges consultation with the affected family members. "Programs have to make sense to the people they are serving. Service providers, hospitals, social workers and doctors have to provide a service based on what we tell them our needs are, not based on some model that was created for other purposes."

The report is based in part on a meeting of representatives from the six cities, as well as from federal and national agencies. The meeting was supported by grants from the American Founda-

tion for AIDS Research (AmFAR) and the Prudential Foundation. Production of the report was supported by a con-

tribution from the Johnson & Johnson Family of Companies and additional funds from the Prudential Foundation.



**DO CRACK WHILE YOU'RE PREGNANT
AND YOUR BABY MAY BE AFFECTED FOR LIFE.**

HB NUTRITION Vegetarian foods: Powerful for health

by: Dr. Karen M. Ensle

Eating a vegetarian diet is a powerful and pleasurable way to achieve good health. The vegetarian eating pattern is based on a variety of food that are satisfying, delicious, and healthful.

Vegetarians avoid meat, fish, and poultry. Those who include dairy products and eggs in their diets are called lacto-ovo vegetarians. Vegans (pure vegetarians) eat no meat fish, poultry, eggs or dairy products. There is considerable advantage of a lacto-ovo pattern, in meeting all needed daily nutrients. It seems vegan diets used in research studies have the greatest ability of reducing the risk of a broad range of health concerns.

Heart Disease

Vegetarians have much lower cholesterol levels than meat eaters, and heart disease is uncommon in vegans. Vegetarian meals are typically low in saturated fat and contain little or no cholesterol. Since cholesterol is found only in animal products

such as meat, dairy and eggs, vegans consume a cholesterol-free diet.

The type of protein a vegetarian consumes may be another important advantage. Many studies show that replacing animal protein with plant protein lowers blood cholesterol levels—even if the amount and type of fat in the diet stays the same. Those studies showed that a low-fat, vegetarian diet had a clear advantage over other diets. Vegetarian Foods

Blood Pressure

An impressive number of studies dating back to the early 1920's, show that vegetarians have lower blood pressure as compared to non-vegetarians. In fact, some studies have shown that adding meat to a vegetarian diet raises blood pressure levels rapidly and significantly. The effects of a vegetarian diet occur in addition to the benefits of reducing the sodium content of the diet. When patients with high blood pressure begin a vegetarian diet, many are able to eliminate their need for medication.

Diabetes

The latest studies on Diabetes show that a diet high in complex carbohydrates (found only in plant foods) are low in fat, high in fiber and are the best dietary prescription for controlling diabetes. Since diabetics are at high risk for heart disease, avoiding fat and cholesterol is the most important goal of the diabetic diet besides limiting sugar. Plant-based diets help to reduce insulin needs of the diabetic which is healthier.

Cancer

A vegetarian diet helps to prevent cancer. Studies of vegetarians show that death rates from cancer are only about one-half to three-quarter of the general population. Breast cancer rates are dramatically lower in countries where diets are typically plant-based. When women from these countries adopt a Western meat-based diet their rates of breast cancer increase.

Vegetarians also have significantly less colon cancer. The meat-based diet seems to be more closely-associated with colon cancer than any other type of cancer. Why do vegetarian diets help protect against cancer? First, they are lower in fat and higher in fiber than

meat-based diets. But, other factors are important too. For example, vegetarians are consuming more beta-carotene, Vitamin A, Vitamin C and other nutrients in the grains, legumes, fruit and vegetables consumed daily.

Planning Vegetarian Diets

It is easy to plan vegetarian diets that meet daily nutrient needs. Grains, beans and vegetables are rich in protein and iron. Green leafy vegetables, beans, lentils, nuts, dried fruits offer calcium and iron. Vitamin D is found in fortified products including soy milk and breakfast cereals. Vitamin B12, of greatest concern, is found in miso, tempeh and strict vegetarians should take a multivitamin supplement with Vitamin B12 to ensure an adequate daily intake. Many commercial cereals are fortified with Vitamin B12, iron and other essential nutrients. With a variety of foods at meals and snacks, consuming a healthy diet is possible and will reduce the vegetarian's risk of disease—a powerful way to achieve optimal health!



These are just some of the many fruits and vegetable we can eat to live a healthy and fat free life.

Photo courtesy of the National Cancer Society

Cookin' up the Blues

Blues artists share their favorite recipes in New Blues cookbook

Zydeco's Shrimp Creole, Marva Wright's Red Beans and Brisket, Clarence "Gatemouth" Brown's Religious Corn muffins, and Buddy Guy's Seafood Okra Gumbo are just a sampling of the personal recipes from legendary blues artists compiled in the new *Cookin' up the Blues* cookbook.

The book includes photographs and biographic sketches of the artists, plus prime examples of Southern folk art shown in full color photos with the featured recipes.

In his introduction to the book, Paul McIlhenny, vice president of McIlhenny Company, which published the book stated, "*Cookin' Up the Blues* is proof of the natural bond between hot music and hot food. Many of the musicians featured on these pages were raised on soul food, which is loaded with spices and peppers. It represents a delicious mixture of cultures and influences. Like the music, it's the unique mixture that makes for a better end product."

Blues diva Marva Wright especially loves Red Beans and Rice, frequently cooking this dish for out-of-town visitors who haven't been exposed to the joys of New Orleans food.

Guitarist Kenny Neal considers himself a pretty good cook. "I got music in my blood from my daddy, but my mama taught me how to make gumbo... I got in the kitchen and start sautéing some onion and green pepper and mushrooms and then I just start throwing in whatever is in the fridge. Just smother it down and add some Tabasco sauce. I sprinkle it on everything. I love the stuff."

The enigmatic bluesman Clarence "Gatemouth" Brown discovered his cornbread recipe by accident. "This cornbread recipe is an old one and I thought it would taste good with some Tabasco butter. I like to put that on vegetables, too. Some of the music today ain't got no feeling, and does nothing for me. Some guys can play, and some can't. It's the same thing with food—some guys can do it and some can't."

The Memphis Horns, Andrew Love and Wayne Jackson, grew up in a town where "everybody's got one of them 55-gallon barrels cut in half in the back yard" for barbecuing. They've tried to export Memphis-style cooking around the world, but "it's kind of hard, 'cause you can't find the meat, although you can carry a bottle of Tabasco with you."

According to Dan Aykroyd, while on the lam, Elwood Blues stocks his bluesmobile with the essentials: a frying pan, cooking oil, Tabasco sauce and ketchup. The Elwood sandwich recipe in the cookbook can be found on the menu at House of Blues Clubs in Cambridge, New Orleans, and Los Angeles (opening later this year). But Elwood rarely prepares it. "Of course, getting a chicken is a big thing,

if I can't catch it, I ain't eating it."

The cookbook is available for \$10, plus \$2.50 shipping and handling charges, from McIlhenny Company, Avery Island, LA

70513, or call 1-800-634-9599.

One dollar from the sale of each book will benefit the Foundation, organized by Isaac Tigrett to foster racial harmony by

teaching the social, spiritual and artistic legacy of the blues and other aspects of Southern and African-American culture.

Buddy Guy's Seafood Okra Gumbo

1/4 cup vegetable oil
1 large onion, chopped
1 bell pepper, chopped
1 pound sliced okra
2 cups chopped tomatoes
1 tablespoon minced garlic
About 3 cups shrimp stock
(or fish stock from bouillon)
2 teaspoons Cajun or creole seasoning
1 teaspoon salt
1 pound peeled and deveined medium shrimp
1/2 pound crab meat
1/4 pound chopped fresh parsley
1 tablespoon Tabasco brand pepper sauce
Hot cooked rice

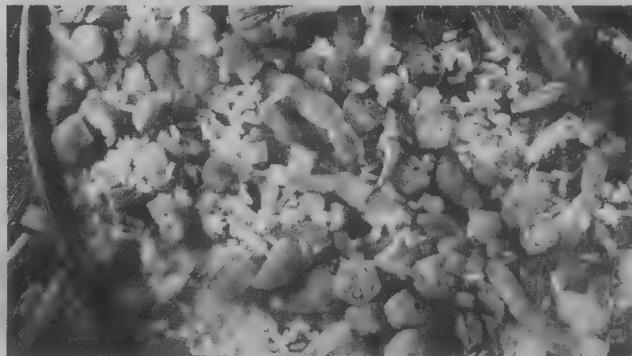


Photo John De Leon

Heat oil in a dutch oven or large cast iron skillet over medium high heat. Add onion, bell pepper and okra; cook 5 minutes, stirring often.

Add tomatoes, garlic, stock, Cajun seasonings and salt. Bring to a boil; reduce heat to simmer and cook 30 minutes, stirring occasionally.

Stir in shrimp, crabmeat, parsley and Tabasco sauce.

Cook 5 minutes longer or until shrimp are done. Add additional stock if gumbo is too thick. Serve over rice.

Makes 6 servings.

Irma Thomas' Stuffed Crawfish Bread

This is a popular snack at the New Orleans Jazz and Heritage Festival. If you can't get crawfish, you can substitute shrimp.

1/4 cup butter or margarine
2 cups chopped onion
1 cup chopped bell pepper
1 large clove garlic, minced
1 pound bag peeled crawfish tails (or shrimp)
1/3 cup chopped green onion
2 tablespoons Tabasco brand pepper sauce
1 teaspoon salt
1/4 teaspoon black pepper
1 (48-ounce) package frozen bread dough (3 one-pound loaves), thawed
1 cup shredded mozzarella cheese
1 cup shredded cheddar cheese
melted butter or margarine

Melt 1/4 cup butter or margarine in a large skillet (not iron) over medium heat. Add onion and cook 5 minutes or until

onion is very tender. Stir in bell peppers and garlic and cook 5 to 10 minutes longer or until peppers are tender. Add crawfish, green onion, Tabasco sauce, salt and pepper; mixing well. Cover and simmer 5 minutes. Remove from heat and set aside.

Preheat oven to 350 degree Fahrenheit. One loaf at a time. Roll out bread dough on a lightly floured surface to about a 20x5-inch rectangle and cut into 4 pieces, each about 5x5 inches.

Spoon about 1/4 cup crawfish mixture in center of each piece and top with about 1 teaspoon of each cheese.

Moisten edges of dough with a little water and fold dough over, pinching edges to seal. Shape gently with hands into 5-inch loaves. Place on greased baking sheet and brush with melted butter.

Bake for 25 to 30 minutes or until golden brown. Remove from oven and brush again with melted butter.

Serve warm, makes 12 servings.

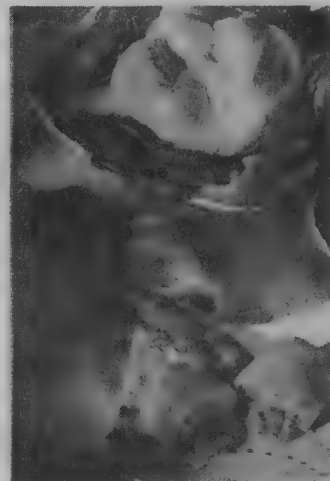


Photo Michael P. Smith

Forget the calculator: Using the new food label is simple

Concerned you'll need the skills of a mathematician to use the new food labels? Convinced your pocket calculator won't stand up to the rigors of the nutrient figures? Don't worry. The experts at The American Dietetic Association have put together the following tips to help you use the label to make informed, healthful food choices.

Don't get caught up in calculating numbers to decide if foods are "good" or "bad." Use the label to understand how all foods can fit together in your diet. Eating a variety of foods in moderate amounts is the best way to balance your total diet.

Start with a quick scan of the front of the package. Check for claims such as "reduced-calorie," "low-salt" or "fat free." These claims indicate products that can help you lower your intake of calories, sodium or fat. But, don't limit your choices to only those foods with claims or you will be unnecessarily restricting your diet.

Do keep an eye out for words such as "high" or "good source" to help locate foods with some needed nutrients like calcium, iron and dietary fiber.

Turn the package around and take a quick look at the "Nutrition Facts" panel. Five nutrients are always listed: calories, total fat, sodium, total carbohydrate and protein.

The "Percent Daily Value" is a new label addition that gives you a rough idea of the nutrients one serving of food contributes to the recommended amounts for a whole day. Consider 100 percent as a "recommended total daily amount." For example, when you choose a food with a Daily Value of 10 percent for sodium, this means you will still have 90 percent of the Daily Value of sodium to consume in other food choices.

Note the percent Daily Values are based on a sample daily diet of 2,000 calories. Your own calorie needs may be higher or lower. To help you set nutrient goals and personalize Daily Values, you might want to contact a registered dietitian.

When using the label to monitor your fat intake, keep in mind the overall dietary recommendation to limit fat intake to less than 30 percent of calories has already been factored into the percent Daily Value for 2,000 calories. Therefore, by consuming 100 percent of the Daily Value for fat, you will automatically meet the recommendation of less than 30 percent of total calories from fat.

Don't select individual foods solely because their percent Daily Value for fat is 30 percent or less. The 30 percent guideline is for your whole day's diet, not individual foods. Remember, foods with higher and lower percent Daily Values for fat should balance each other as part of a diet that meets recommendations.

Focusing on just one or two nutrients doesn't tell the whole nutrition story. You actually may miss out on other important nutrients. For example, take a one ounce serving of cheddar cheese. It contributes 14 percent Daily Value for fat, but it's also a good source of protein and rich

in calcium. Using this quick scan approach will help you get the nutrients you need. Best of all, if you keep an eye on your daily intake, you won't have to give up your favorite foods. When it comes to food, variety truly is the spice of life and eating a wide range of foods is not only fun, it's healthy!

The 64,000 member American Dietetic Association is the nation's largest organization of food and nutrition professionals. With headquarters in Chicago, ADA serves the public by promoting optimal nutrition, health and well-being.

Introducing "Daily Value" The Key to Healthy Eating

Nutrition Facts

Serving Size 1/2 cup (114g)

Servings Per Container 4

Amount Per Serving

Calories 90 **Calories from Fat 30**

% Daily Value*

Total Fat 3g **5%**

Saturated Fat 0g **0%**

Cholesterol 30mg **10%**

Sodium 660mg **28%**

Total Carbohydrate 31g **10%**

Dietary Fiber 0g **0%**

Sugars 5g

Protein 5g

Vitamin A 4% • Vitamin C 2%

Calcium 15% • Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet.

TIP:

If the %Daily Value for a nutrient is 5% or less, that means the food is low in that nutrient.

There's a new nutrition tool called "Daily Value" that allows you to easily determine whether a food contributes a lot or a little of a particular nutrient. A high percentage means the food contains a lot of a nutrient. A low percentage means it contains a little. You don't have to worry about doing calculations.

Let's say you're trying to eat less fat. You come across two different brands of frozen mixed vegetables in sauce. One of the packages lists 5% as the %Daily Value for total fat. The other package gives 15%. Which should you choose? The one with 5% because 5 is a significantly lower number than 15.

Source: Food and Drug Administration, 1994

Donna Richardson: staying fit in the '90s

Internationally-renowned aerobics champion, Donna Richardson, is on the verge of releasing her innovative *Funk Aerobics* workout video.

Currently featured on ESPN's *Fitness Pros*, Richardson is also the co-star and choreographer of *Buns of Steel: 2000 Platinum Series*.

Her projects include an endorsement from Nike as an athlete and spokesperson, co-star in Nike's video, *Total Body Conditioning*, co-star and co-producer of *Stay Fit with Charles and Donna*, and *Perfect Balance*.

Last year, Richardson was named spokesperson for the Rainbow Anti-Drug Program (RAP), and celebrity chairperson for The American Heart Association's *Dance for the Heart*. She is a contributing writer in numerous publications, and has lectured and taught in more than fifteen countries.

As an entrepreneur, Ms. Richardson is the proprietor of Stay Fit Plus, Inc., a Washington DC-based fitness enterprise.

When not filming fitness videos or fulfilling her duties for Nike and ESPN, Richardson makes a concerted effort to reach the youth of America, especially inner-city youth, espousing a positive self image through a healthy, educational, and drug-free lifestyle.

Much of her philosophy centers around the belief that children need to feel good

about themselves before they can feel good about other.

Richardson's innovative approach to educating inner city youth about strengthening the heart, mind, and soul has had such an overwhelming response, she is making room in her busy schedule to do many such appearances around the country.

"A big part of this video is teaching youngsters the responsibility they have to themselves, their families, and their communities," says Richardson.

Using an assortment of hip-hop and rap music, this funky aerobic workout promotes the positive goals of healthy and clean living, while also showing them how much fun it can be.

One of her most recent speaking engagements was at The Charles Wacker Elementary School in Chicago. She lectured and conducted workouts for the students as well as their parents. Richardson's innovative approach to educating inner city youth about strengthening the heart, mind, and soul has had such an overwhelming response, she is making room in her busy schedule to do many such appearances around the country.

In addition her work with inner-city youth represents the perfect forum for changing a neglected community's self-image.



Hospital Center at Orange Community Health Help.

For the health of every resident of the communities we serve, Hospital Center at Orange is pleased to offer the following schedule of education and support programs. For more information on specific programs, call the accompanying phone number.

"Living with Cancer"

A support group for patients that meets the third Tuesday of every month, 3-4 pm. Pre-register by calling 266-2036.

Childbirth Education Classes.

Five-week course held on Wednesday evenings from 6:30-9 pm. Call to register before your 7th month of pregnancy. Bring a support person to serve as your "coach." 266-2109.

Cancer Education Series.

Held the first Wednesday of each month, 7-8 pm. Seminars provide patients, families, and friends with information on cancer, its causes, diagnosis, treatment, and rehabilitation. 266-2036.

Breast Feeding Support Group.

Call 266-2109 for schedule.

Cardiopulmonary Resuscitation (CPR) / Neonatal Resuscitation.

Taught by certified CPR educators. New courses begin frequently. 266-2036.

"When Someone You Know Has Cancer"

For family and friends coping with the illness of a loved one. Sessions are held the fourth Tuesday of each month, 5:30-6:30 pm. 266-2036.

Speakers Bureau.

For your school or organization: free lectures on a wide variety of health and medical topics presented by the hospital's professional staff. Call with your request and to schedule a speaker. 266-2025.

Hospital Center at Orange

N.J. Orthopaedic Hospital Unit • Orange Memorial Hospital Unit
188 South Essex Avenue, Orange, NJ 07051 • (201) 266-2000

Make a vow to become an ex smoker

James L. Phillips, MD.



Before your motivation to quit "lighting up" goes up in smoke, consider the facts about smoking.

About 45,000 African Americans die from smoking-related diseases each year. A report from the National Medical Association says that more black men and women smoke than their white counterparts, and worse, smoking is becoming increasingly popular among African-American women.

Lung cancer deaths have even surpassed breast cancer, according to the American Cancer Society. In 1990, 32

out of every 100,000 African-American women died from lung cancer. The relationship of smoking to heart disease and stroke is another reason for concern.

Addicted smokers have several alternatives to help them get back on the road to a tobacco-free life, such as smoking cessation programs-support groups that stress behavior modification. These work well for about half of all who enter them.

Other methods such as hypnosis, acupuncture and nicotine chewing gum are also effective. Physicians sometimes prescribe nicotine patches, which work for some smokers.

Still many people put off quitting smoking. A big fear among women smokers is weight gain. But being slightly overweight is much less of a health risk than smoking.

Another drawback is the high cost of smoking cessation programs. If

smokers cannot afford the cost, the American Cancer Society, the American Lung Association, hospitals and many worksites offer low-cost or free cessation programs.

Regardless of whether an individual joins a group or "go-it alone," Dr. Ken Goodrick, a behavioral psychologist at Baylor College of Medicine in Houston, recommends the following to get help you started:

- Keep a list of negative things associated with smoking, such as bad breath, stained teeth, clothes with the strong and unpleasant scent of stale tobacco, wrinkled skin and health risks such as birth defects in unborn babies.
- Smoke only when you feel like it. Don't light a cigarette out of habit.
- Keep a diary explaining why you smoke each cigarette to help you understand your behavior.
- Keep your cigarette butts in a clear

container to help you see how nasty the habit is.

- Taper down to the lowest level of nicotine you can tolerate, then quit cold turkey.
- Set a date to quit smoking. Don't try to stop if you are feeling bad.
- Sometimes the best support group is your friends, family and co-workers tell them what you are doing. They can help you stick to your goal. Long-time ex-smokers are a good resource because they have "been there."

Being an ex-smoker also allows you to join the ranks of the physically fit. You have many options to choose from, including walking the dog, gardening or riding a bicycle. When you are ready, a physician approved exercise program can include walking, jogging or aerobics. Don't forget to follow a balanced, nutritious eating plan.

Coping with the problem of hair bumps

A morning shave does not have to be a grueling task for African-American men with shaving "bumps," known as pseudofolliculitis barbae.

A black skin specialist at Baylor College of Medicine says that one in three black men suffer from the condition which is caused by curly or wiry hair growing out and then inward.

"Pseudofolliculitis develops as a result of the repeated trauma of shaving," said Dr. Ted Rosen, a professor of dermatology at Baylor. "If you shave too close, the hair doubles back into the skin."

The condition affects the bearded area of the face. Hair follicles become infected with staphylococcus bacteria, leading to formation of pus-filled pimples. Bleeding and scarring can also occur.

Rosen encourages men to use different shaving techniques, such as shaving in only one direction with a single-edged razor, using a moisturizing shaving cream, and avoiding electric shavers, which can aggravate the problem. "Even though you're striving for a close shave, don't expect a baby-skin-smooth shave," Rosen said. "Af-

fected skin is easily irritated so treat it with care."

Rosen says although it may sting, applying alcohol to the infected skin followed by a prescription antibacterial lotion is the best way to prevent infection. Razors should be immersed in alcohol between shaves and should never be shared by others.

Prescription and over-the-counter shaving preparations with the acne medication benzoyl peroxide can also prevent bacterial spread.

"The newer shaving gels made especially for curly beards are easy to shave with," Rosen said. "They reduce the razor's drag on the skin, helping to reduce inflammation."

Rosen says some men are left physically scarred by the disorder because they failed to seek proper treatment. For a number of men, the only way to manage the problem is by growing a beard.

"Pseudofolliculitis will not go away on its own," he said. "See a dermatologist before the problem gets out of hand."

A new alternative to back surgery

(Continued from page 7)

only a small bandage is necessary following the procedure."

The procedure was developed by Hallett H. Mathews, M.D., assistant clinical professor at the Medical College of Virginia in Richmond, who visited the Hospital Center at Orange last November to perform the Hospi-

tal's first MISS procedure, assisted by Dr. Wiernman. Four HCO physicians including Dr. Wiernman, Thomas Helbig, M.D., and James M. Lee, M.D., orthopaedic surgeons; and Yashwant Bhandari, M.D., neurosurgeon, have participated in clinical training sessions to perform the procedure.

Read *Heartbeat* to keep in touch with health issues concerning you and yours

Prudential Funds Program help purchase cardiac defibrillators

Applications are still being accepted from community volunteer first aid squads for The Prudential Helping Hearts Program. The recently launched program will donate matching-fund grants to volunteer first aid squads throughout the state to purchase portable cardiac defibrillation units.

Each year, approximately 400,000 Americans fall victim to sudden cardiac failure, and most die before they reach a hospital. In New Jersey, the survival rate among these patients is estimated at four percent. The Prudential Helping Hearts Program will donate up to half the cost of a unit (up to \$2,500) to eligible squads.

The company has committed \$150,000 a year for three years to fund the program.

"We've seen that a combination of quick response by first aid squads and defibrillation can help increase the survival rate of cardiac arrest victims," said Garnett Keith, vice chairman of The Prudential. The Prudential is proud to help volunteer rescue squads in New Jersey purchase these invaluable, life-saving machines."

Volunteer rescue squads interested in applying for a Prudential Helping Hearts matching grant should call the program coordinator at 201-802-8281 for an application.

Cancer Institutes joins breast cancer detection program

The Cancer Institute of New Jersey will participate in the American Cancer Society's Seventh Annual Breast Cancer Detection Awareness Program in May.

The education and screening program for women over 40 will be offered Thursdays, May 12 and 19 from 5 to 8 p.m. at Robert Wood Johnson University Hospital, and on Tuesday, May 16 and Thursday May 19 from 4 to 6 p.m. at St. Peter's Medical Center. Participants will receive information on breast self-examination, a clinical breast examination by a physician, and reduced-cost mammogram.

The mammogram, a low-dose X-ray of the breast, can detect cancers too small to be felt by even the most experienced physician. Early detection, cancer experts believe, is still the best protection against the disease.

This year, according to the American

Cancer Society, one woman in nine will develop breast cancer by the age of 90. The five-year survival rate for women with localized breast cancer is 90 percent, evidence of the value of early detection and treatment.

Since 1987, more than 30,000 women have taken an important step toward ensuring their health by participating in the Breast Cancer Detection Awareness Program. The program is open to all women over 40 years of age who have never had a mammogram, who have no symptoms, of cancer, and who are not pregnant or breast feeding. Women over 40 who have not had a mammogram is more than two years are also eligible.

The cost for the mammogram is \$40. Appointments are necessary and space is limited. To schedule an appointment, call 908-745-6644, or 908-937-8798.

Sarcoidosis: The hidden disease

Just as the grains of sand in an hourglass are imperceptible individually but over time accumulate to show the passing of time, the granulomas that accumulate in the body's tissues and organs infected with a little understood illness ultimately cause damage. Sarcoidosis, a multisystemic disorder that masquerades as other illnesses and may affect more than one million people in the United States alone, has never been the subject of a network telethon or the focus of a major federal initiative. One of the nation's leading experts on the disease, Sandra Conroy, is not even a physician, but rather a sufferer.

Conroy, frustrated by a lack of information available on her condition made herself an expert. She is the founder of the National Sarcoidosis Resource Center and author *Sarcoidosis: The Medical Mystery Uncovered. A Resource Guide and Directory*.

In 1983, Conroy complained to her doctor of symptoms that were at first diagnosed as pneumonia, and later as multiple sclerosis. It wasn't until a year—filled with tests—had passed that her dry cough, fever, swollen eyes and a leg swollen to nearly twice its normal size, were finally diagnosed as the signs of sarcoidosis.

Though the illness' cause is still unknown, the mechanism has been better understood, which has a high incidence among African-American women between the ages of 20 and 40 years but may strike anybody anywhere in the world. In addition to the Resource Center, started in her own home, and the directory, which the American Lung Association considers their primary source on the illness, Conroy has produced many informative pamphlets. Probably most significantly she has helped fill the information gap on sarcoidosis by beginning a database, which presently contains statistics on more than 5,000 sufferers nationwide.

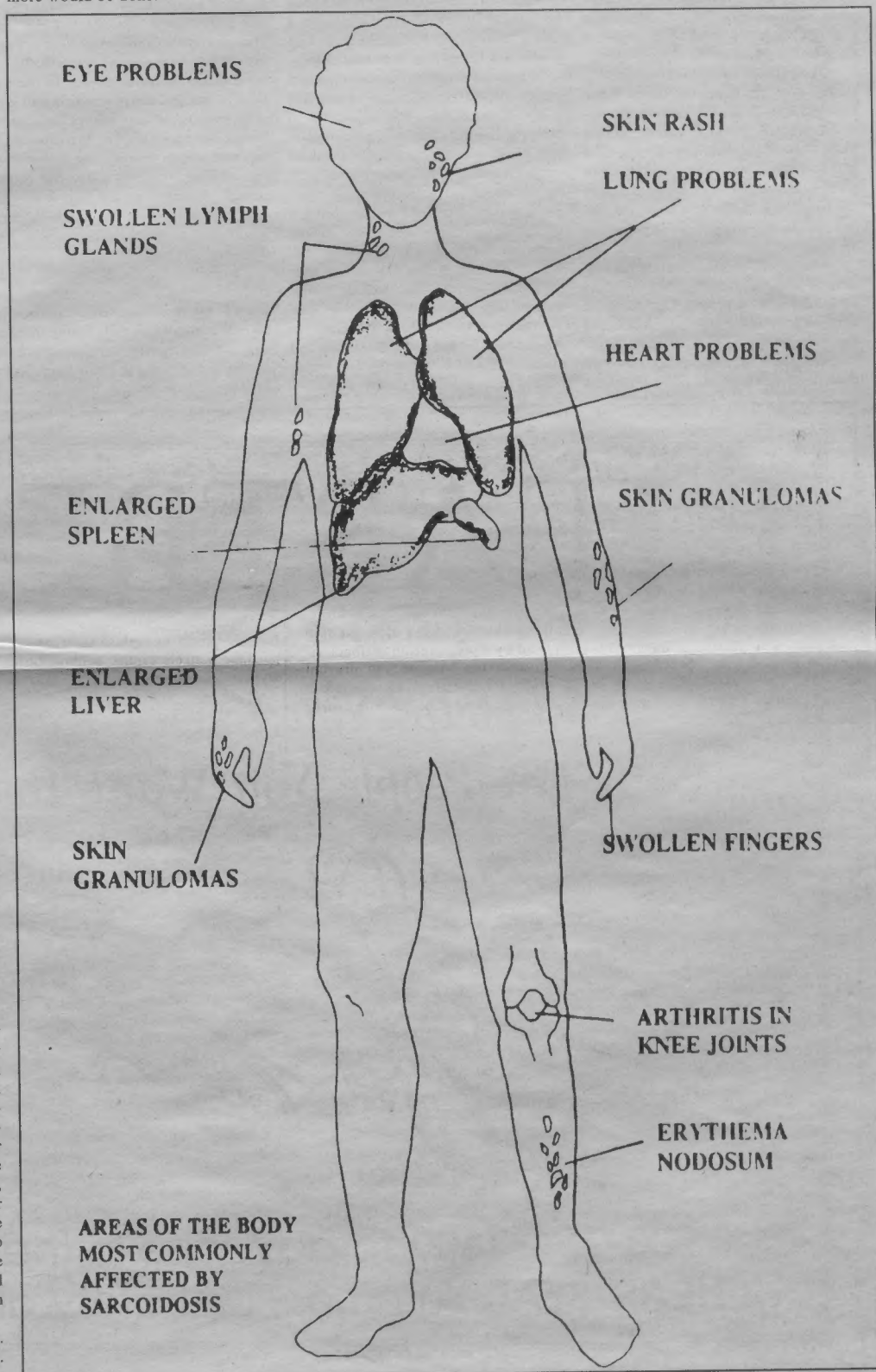
"There is no cure as yet, but medication and care can alleviate the symptoms," says Dr. Gerald Deas, director of Health Education Communications at the center. "The best guess is that a viral or bacterial infection has affected the body's immune system. However, there remains evidence that the illness may have a genetic cause, or that exposure to an environmental toxin triggers it."

The disease attacks almost any tissue or organ in the body, disrupting the tissue's or organ's functioning by crowding it with a gradually accumulating mass epithelioid and multinucleated giant cells. The mass ultimately forms small nodules, the granulomas, which can cause a rash, swelling, or inflammation. Its symptoms can easily be mistaken for multiple sclerosis, pneumonia, cancer, or arthritis, and on an x-ray appear as a tumor or sight of infection. One of the most common treatments are steroids to reduce swelling, but more research must be done, according to Dr. Deas, "because until the cause is known the cure will remain elusive."

"One critical roadblock," notes Dr. Deas, is a lack of common knowledge.

If more people knew of sarcoidosis, more would be done."

For more information contact Dr. Conroy, President of the National Sarcoidosis Resource Center 908-699-0733
Gerald Deas at 718-270-4735 or Sandra



Taking the proper vitamins can decrease birth defects

Consuming adequate amounts of certain vitamins and minerals during pregnancy may help prevent birth defects and other problems in newborn children, according to a research conducted by the March of Dimes Birth Defects Foundation.

Dr. Franklin Desposito of the UMDNJ, chairman of the March of Dimes North Jersey Chapter Health Professional Advisory Committee (HPAC), stated, "during March—National Nutrition Month—the March of Dimes stressed the importance of a well-balanced diet for the health of mother and baby. New studies now suggest a crucial role for certain nutrients in protecting the fetus."

Women who consume the U.S. Recommended Daily Allowance (USRDA) of the B-vitamin folic acid reduce their risk of having a baby with a serious birth defect of the brain or spine, such as spina bifida ("open spine") or anencephaly (severely underdeveloped brain and skull), by at least

50 percent.

The March of Dimes recommends that all women of child-bearing age begin taking the USRDA of folic acid (0.4 milligrams a day) in anticipation of pregnancy, to help protect their babies from these birth defects.

The average woman consumes just half of the USRDA (0.2 milligrams) of folic acid a day. Although folic acid is plentiful in many foods—including leafy green vegetables, beans, peanuts, citrus fruits, liver and whole grains—it is difficult to consume the recommended amount by diet alone.

It is important for a woman to begin taking folic acid supplements at least a month before she plans to conceive, as these birth defects develop in the first month after conception—before most women realize they are pregnant.

Pregnant women have a slightly increased need for just about all vitamins and minerals. A well-balanced diet can supply most of these additional needs.

However, along with folic acid, there are two other crucial nutrients that most pregnant women do not get enough of by diet alone. These minerals, calcium and iron, may also help protect the fetus in ways that are not yet thoroughly understood.

Calcium, which is needed to build a fetus' bones, is found primarily in milk and milk products, although broccoli and canned fish are other good sources. In most cases, a pregnant woman who eats four to five servings of dairy products a day can obtain enough calcium from her diet. A woman who cannot consume this much calcium should discuss supplementation with her doctor.

To prevent anemia, the National Academy of Sciences recommends that pregnant women consume a supplement containing 30 milligrams of iron daily during the second and third trimesters. Pregnant women should also continue to eat iron-rich foods such as red meat, poultry, fish, eggs, dried

fruits, grains and leafy green vegetables.

Recently, researchers at UMDNJ and The John Hopkins University were seeking to discover whether a diet high in calcium or iron can protect a woman and her fetus from the harmful effects of lead exposure during pregnancy. Studies show that even low levels of exposure to lead in pregnancy can reduce IQ levels by 5 to 10 percent.

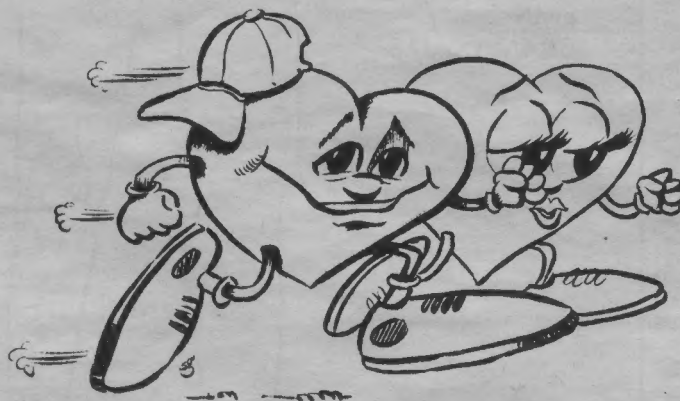
While scientists continue to unravel the crucial role specific nutrients play in protecting the fetus from birth defects and other problems, the pregnant woman should be careful to consume only those vitamins and minerals recommended by her health care provider. Excess amounts of certain vitamins, such as Vitamin A, have also been linked with birth defects.

For additional information on proper nutrition, healthy pregnancy, call the March of Dimes North Jersey Chapter at 1-800-BIG-WALK.

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DISCOVERY

The wondrous powers of Toadskin Spell

They were here before the dinosaur, colonizing every corner of the planet, from the searing savannahs of Africa to the barren tundra of the Canadian Arctic.

But only recently have frogs and toads been uncovered as a potential source of revolutionary antibiotics that some scientists are calling the most exciting medical discoveries since penicillin.

The amazing power of toads and frogs have enabled them to adapt and survive for millions of years. How these powers are now being utilized by scientists at the cutting edge of medicine is chronicled when *NATURE* presents *Toadskin Spell*, premiering Sunday, May 15 at 8 p.m. (ET) on PBS (check local listings).

Toadskin Spell takes viewers to Australia—where the cane toad secretes a powerful poison that has been known to paralyze and sometimes even kill children—and to South America, where the poison dart frog is even more lethal. The brilliant colors of this jewel of the rainforest warn animals to keep their distance—the toxin from just one of these tiny frogs is enough to kill several mammals.

These recent discoveries present scientists and researchers with an exciting new challenge: to learn how to safely harness the amazing battery of antibiotics produced by frog skin, substances that are unlike anything previously known to man. Some scientists, *Toadskin Spell* shows, are even predicting the birth of a whole new field of chemotherapy drugs, and the creation of a million-dollar industry.

However, the permeable skin that makes frogs and toads so adaptable to climactic changes could also be their downfall.

Since the 1980s, these amphibians have been disappearing from the earth at an alarming rate. From the suburban ponds of southern England to the cloud forests of Costa Rica, certain species are rapidly diminishing.

Although many theories have been proposed—pollution, drought and disease among them—a specific cause for their dwindling population has yet to be determined. Recently, however, scientists identified the rise in ultraviolet radiation resulting from the thinning of the ozone layer as the probable culprit. Whatever the reasons,

it is certain the frogs' sensitive skin is their Achilles' heel.

Frogs and toads need water in order to breed. The program follows a massive swarm as they risk life and limb in a frenzied annual migration to the nearest body of water in which to spawn. In Africa, for example, where pools of water may last for only weeks every few years, frogs will fight violently for a good spot to lay their eggs.

Over time, some frogs have developed ingenious ways to keep their eggs safe and moist. For example, the gray tree frog absorbs huge amounts of water through her belly skin until she is completely bloated, creating a nest of foam. The nest hardens in the sun, while inside, the eggs are kept damp and protected.

The skin that has helped them create unusual breeding strategies also enables frogs to live in some of the toughest places in the world. For instance, in the soaring midday temperatures of the African desert, the camera watches a frog change its color to a blinding, heat-reflecting white that keeps it cool.

The coastal dunes of southern Africa

would seem an impossible home for amphibians, but frogs survive there without ever seeing a puddle of water. The answer lies in the early morning sea mist, which they "drink in" through their skin.

Yet another inhospitable place is the Australian outback. To survive extremely dry periods there, frogs literally entomb themselves in the earth, which then dries and hardens like concrete. Internal bladders keep them alive as their systems almost completely shut down, awaiting the return of the rains.

And in deep Arctic winters, the Canadian gray tree frog can actually freeze—solid and remain in a sort of suspended animation until the thaw. This trick of cryopreservation is being closely studied by scientists for use in organ transplant surgery.

But *Toadskin Spell* points out that, despite these ingenious tricks of survival, researchers fear that cases like that of Costa Rica's fabled golden frogs—which mysteriously disappeared off the face of the earth in 1988—could be a warning of what is to come.



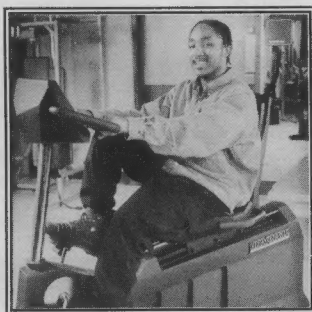
This creature's skin secretes a poison that is deadly to mammals, yet could contain the basis of a new class of life-saving drugs. Photo by Kevin Flay

All they needed was a miracle.

In celebration of National Hospital Week, UMDNJ-University Hospital proudly points to the most obvious measure of success - - our patients.

As the flagship teaching hospital of the largest health sciences university in the country, UMDNJ-University Hospital gives patients the best that medicine has to offer ... the best technology ... the best nursing care ... the best support services and the best doctors, a team dedicated to leading others toward the medical miracles of tomorrow.

Kareem Prunty never expected to need a miracle. Coming home from an evening with friends, this young athlete unknowingly walked into a gun battle on the street. Even before Kareem was out of surgery, another team, called the New Jersey Spinal Cord Injury System was planning his recovery. Composed of doctors, nurses and therapists from University Hospital



Kareem Prunty

Where

miracles

happen

everyday

and Kessler Institute for Rehabilitation, this team put their expertise together with Kareem's determination to walk again. Today, that combination is making Kareem "King of the Road" - - at least in the gym.

A family's loss turned into a miraculous gift for Leslie Carter. A faculty member at a New Jersey college, Leslie's battle with progressive liver disease brought him to University Hospital, the site of New Jersey's only liver transplant program. Thanks to a special family, a liver was donated. And, Leslie got his transplant. Today, back on the job, Leslie shares his miracle by reminding others of the urgent need for organ donors.

These two patients and thousands of others are living proof that miracles do happen everyday... at University Hospital.

We congratulate our 3,200 associates at UMDNJ-University Hospital for continuing to strive for excellence in patient care, research, education, and community service.



Leslie Carter

For more information about these and other services at UMDNJ-University Hospital, call (201) 982-6273.



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